

117TH CONGRESS  
2D SESSION

# H. R. 7237

To amend the Public Health Service Act to reauthorize certain mental health, suicide prevention, and crisis care programs, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 28, 2022

Mr. GRIFFITH (for himself, Ms. TENNEY, Ms. DAVIDS of Kansas, and Ms. CRAIG) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to reauthorize certain mental health, suicide prevention, and crisis care programs, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

**3 SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Reauthorizing Evi-  
5 dence-based And Crisis Help Initiatives Needed to Gen-  
6 erate Improved Mental Health Outcomes for Patients Act  
7 of 2022” or the “REACHING Improved Mental Health  
8 Outcomes for Patients Act of 2022”.

1     **SEC. 2. INNOVATION FOR MENTAL HEALTH.**

2         (a) NATIONAL MENTAL HEALTH AND SUBSTANCE  
3     USE POLICY LABORATORY.—Section 501A of the Public  
4     Health Service Act (42 U.S.C. 290aa–0) is amended—

5             (1) in subsection (e)(1), by striking “Indian  
6     tribes or tribal organizations” and inserting “Indian  
7     Tribes or Tribal organizations”;

8             (2) by striking subsection (e)(3); and

9             (3) by adding at the end the following:

10         “(f) AUTHORIZATION OF APPROPRIATIONS.—To  
11     carry out this section, there is authorized to be appro-  
12     priated \$10,000,000 for each of fiscal years 2023 through  
13     2027.”.

14         (b) PRIORITY MENTAL HEALTH NEEDS OF RE-  
15     GIONAL AND NATIONAL SIGNIFICANCE.—Section 520A of  
16     the Public Health Service Act (42 U.S.C. 290bb–32) is  
17     amended—

18             (1) in subsection (a), by striking “Indian tribes  
19     or tribal organizations” and inserting “Indian Tribes  
20     or Tribal organizations”; and

21             (2) in subsection (f), by striking “\$394,550,000  
22     for each of fiscal years 2018 through 2022” and in-  
23     serting “\$599,036,000 for each of fiscal years 2023  
24     through 2027”.

25         (c) INTEGRATION INCENTIVE GRANTS AND COOPER-  
26     ATIVE AGREEMENTS FOR SUPPORTING THE IMPROVE-

1 MENT OF INTEGRATED CARE FOR PRIMARY CARE AND  
2 BEHAVIORAL HEALTH CARE.—Section 520K of the Pub-  
3 lic Health Service Act (42 U.S.C. 290bb–42) is amend-  
4 ed—

5 (1) in subsection (g)(2), by striking “Indian  
6 tribes or tribal organizations” and inserting “Indian  
7 Tribes or Tribal organizations”; and

8 (2) in subsection (h), by striking “\$51,878,000  
9 for each of fiscal years 2018 through 2022” and in-  
10 serting “\$52,877,000 for each of fiscal years 2023  
11 through 2027”.

12 **SEC. 3. CRISIS CARE COORDINATION.**

13 (a) STRENGTHENING COMMUNITY CRISIS RESPONSE  
14 SYSTEMS.—Section 520F of the Public Health Service Act  
15 (42 U.S.C. 290bb–37) is amended to read as follows:

16 **“SEC. 520F. STRENGTHENING COMMUNITY CRISIS RE-  
17 SPONSE SYSTEMS.**

18 “(a) IN GENERAL.—The Secretary shall award com-  
19 petitive grants to State and local governments, Indian  
20 Tribes, and Tribal organizations to—

21 “(1) enhance community-based crisis response  
22 systems; and

23 “(2) implement strategies that improve care co-  
24 ordination, and referral to inpatient psychiatric fa-  
25 cilities, crisis stabilization units, and residential com-

1       munity mental health and residential substance use  
2       disorder treatment facilities, as appropriate, for  
3       adults with a serious mental illness, children with a  
4       serious emotional disturbance, or individuals with a  
5       substance use disorder.

6       “(b) APPLICATIONS.—

7           “(1) IN GENERAL.—To receive a grant under  
8       subsection (a), an entity shall submit to the Sec-  
9       retary an application, at such time, in such manner,  
10      and containing such information as the Secretary  
11      may require.

12          “(2) COMMUNITY-BASED CRISIS RESPONSE  
13       PLAN.—An application for a grant under subsection  
14      (a) shall include a plan for—

15           “(A) promoting integration and coordina-  
16       tion between local public and private entities  
17       engaged in crisis response, which shall include  
18       first responders, law enforcement, emergency  
19       health care providers, primary care providers,  
20       court systems, health care payers, social service  
21       providers, and behavioral health providers;

22           “(B) developing memoranda of under-  
23       standing with public and private entities to im-  
24       plement crisis response services;

1               “(C) addressing gaps in community re-  
2               sources for crisis intervention and prevention;

3               “(D) developing models for minimizing  
4               hospital readmissions, including through appro-  
5               priate discharge planning;

6               “(E) developing, maintaining, or enhancing  
7               directories to collect, aggregate, and display in-  
8               formation about local inpatient psychiatric fa-  
9               cilities and crisis stabilization units, and resi-  
10               dential community mental health and residen-  
11               tial substance use disorder treatment facilities,  
12               to facilitate the identification and designation of  
13               such facilities and units for the temporary  
14               treatment of individuals in mental or substance  
15               use disorder crisis; and

16               “(F) including in such directories real-time  
17               information about—

18               “(i) the number of available beds at  
19               each facility or unit;

20               “(ii) the types of patients that may be  
21               admitted to each facility or unit; and

22               “(iii) any other information necessary  
23               to allow for the proper identification and  
24               designation of appropriate facilities or

1           units for treatment of individuals in men-  
2           tal or substance use disorder crisis.

3        “(c) EVALUATION.—An entity receiving a grant  
4 under subsection (a) shall submit to the Secretary, at such  
5 time, in such manner, and containing such information as  
6 the Secretary may reasonably require, a report, including  
7 an evaluation of the effect of such grant on—

8           “(1) local crisis response services and measures  
9 for individuals receiving crisis planning and early  
10 intervention supports;

11          “(2) individuals reporting improved functional  
12 outcomes; and

13          “(3) individuals receiving regular followup care  
14 following a crisis.

15        “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
16 is authorized to be appropriated to carry out this section  
17 \$12,500,000 for the period of fiscal years 2023 through  
18 2027.”.

19        (b) MENTAL HEALTH AWARENESS TRAINING  
20 GRANTS.—

21           (1) IN GENERAL.—Section 520J of the Public  
22 Health Service Act (42 U.S.C. 290bb–41) is amend-  
23 ed—

1                         (B) in subsection (b)(1), by striking “In-  
2 dian tribes, tribal organizations” and inserting  
3 “Indian Tribes, Tribal organizations”;

4                         (C) in paragraphs (4), (5), and (6) of sub-  
5 section (b), by striking “Indian tribe, tribal or-  
6 ganization” each place it appears and inserting  
7 “Indian Tribe, Tribal organization”; and

8                         (D) in subsection (b)(7), by striking  
9 “\$14,693,000 for each of fiscal years 2018  
10 through 2022” and inserting “\$24,963,000 for  
11 each of fiscal years 2023 through 2027”.

12                         (2) TECHNICAL CORRECTIONS.—Section  
13 520J(b) of the Public Health Service Act (42 U.S.C.  
14 290bb–41(b)) is amended—

15                         (A) in the heading of paragraph (2), by  
16 striking “EMERGENCY SERVICES PERSONNEL”  
17 and inserting “EMERGENCY SERVICES PER-  
18 SONNEL”; and

19                         (B) in the heading of paragraph (3), by  
20 striking “DISTRIBUTION OF AWARDS” and in-  
21 serting “DISTRIBUTION OF AWARDS”.

22                         (c) ADULT SUICIDE PREVENTION.—Section 520L of  
23 the Public Health Service Act (42 U.S.C. 290bb–43) is  
24 amended—

25                         (1) in subsection (a)(2)—

1                             (A) by striking “Indian tribe” each place it  
2                             appears and inserting “Indian Tribe”; and  
3                             (B) by striking “tribal organization” each  
4                             place it appears and inserting “Tribal organiza-  
5                             tion”; and  
6                             (2) in subsection (d), by striking “\$30,000,000  
7                             for the period of fiscal years 2018 through 2022”  
8                             and inserting “\$30,000,000 for each of fiscal years  
9                             2023 through 2027”.

10 **SEC. 4. TREATMENT OF SERIOUS MENTAL ILLNESS.**

11                             (a) ASSERTIVE COMMUNITY TREATMENT GRANT  
12 PROGRAM.—

13                             (1) TECHNICAL AMENDMENT.—Section  
14 520M(b) of the Public Health Service Act (42  
15 U.S.C. 290bb–44(b)) is amended by striking “Indian  
16 tribe or tribal organization” and inserting “Indian  
17 Tribe or Tribal organization”.

18                             (2) REPORT TO CONGRESS.—Section  
19 520M(d)(1) of the Public Health Service Act (42  
20 U.S.C. 290bb–44(d)(1)) is amended by striking “not  
21 later than the end of fiscal year 2021” and inserting  
22 “not later than the end of fiscal year 2026”.

23                             (3) AUTHORIZATION OF APPROPRIATIONS.—  
24 Section 520M(e)(1) of the Public Health Service Act  
25 (42 U.S.C. 290bb–44(d)(1)) is amended by striking

1       “\$5,000,000 for the period of fiscal years 2018  
2       through 2022” and inserting “\$9,000,000 for each  
3       of fiscal years 2023 through 2027”.

4       (b) ASSISTED OUTPATIENT TREATMENT.—Subpart 3  
5       of part B of title V of the Public Health Service Act (42  
6       U.S.C. 290bb–31 et seq.) is amended by adding at the  
7       end the following:

8       **SEC. 520N. ASSISTED OUTPATIENT TREATMENT GRANT**  
9                           **PROGRAM FOR INDIVIDUALS WITH SERIOUS**  
10                           **MENTAL ILLNESS.**

11       “(a) IN GENERAL.—The Secretary shall award  
12       grants to eligible entities for assisted outpatient treatment  
13       programs for individuals with serious mental illness.

14       “(b) CONSULTATION.—The Secretary shall carry out  
15       this section in consultation with the Director of the Na-  
16       tional Institute of Mental Health, the Attorney General  
17       of the United States, the Administrator of the Administra-  
18       tion for Community Living, and the Assistant Secretary  
19       for Mental Health and Substance Use.

20       “(c) SELECTING AMONG APPLICANTS.—In awarding  
21       grants under this section, the Secretary—

22                       “(1) may give preference to applicants that  
23       have not previously implemented an assisted out-  
24       patient treatment program; and

1           “(2) shall evaluate applicants based on their po-  
2       tential to reduce hospitalization, homelessness, incar-  
3       ceration, and interaction with the criminal justice  
4       system while improving the health and social out-  
5       comes of the patient.

6           “(d) PROGRAM REQUIREMENTS.—An assisted out-  
7       patient treatment program funded with a grant awarded  
8       under this section shall include—

9           “(1) evaluating the medical and social needs of  
10      the patients who are participating in the program;

11           “(2) preparing and executing treatment plans  
12      for such patients that—

13           “(A) include criteria for completion of  
14      court-ordered treatment if applicable; and

15           “(B) provide for monitoring of the pa-  
16      tient’s compliance with the treatment plan, in-  
17      cluding compliance with medication and other  
18      treatment regimens;

19           “(3) providing for case management services  
20      that support the treatment plan;

21           “(4) ensuring appropriate referrals to medical  
22      and social services providers;

23           “(5) evaluating the process for implementing  
24      the program to ensure consistency with the patient’s  
25      needs and State law; and

1               “(6) measuring treatment outcomes, including  
2               health and social outcomes such as rates of incarceration,  
3               health care utilization, and homelessness.

4               “(e) REPORT.—Not later than the end of fiscal year  
5 2027, the Secretary shall submit a report to the appropriate congressional committees on the grant program  
6 under this section. Such report shall include an evaluation  
7 of the following:

8               “(1) Cost savings and public health outcomes  
9               such as mortality, suicide, substance abuse, hospitalization, and use of services.

10               “(2) Rates of incarceration of patients.

11               “(3) Rates of homelessness of patients.

12               “(4) Patient and family satisfaction with program participation.

13               “(f) DEFINITIONS.—In this section:

14               “(1) The term ‘assisted outpatient treatment’  
15 means medically prescribed mental health treatment  
16 that a patient receives while living in a community  
17 under the terms of a law authorizing a State or local  
18 court to order such treatment.

19               “(2) The term ‘eligible entity’ means a county,  
20 city, mental health system, mental health court, or  
21 any other entity with authority under the law of the  
22 State in which the entity is located to implement,

1 monitor, and oversee an assisted outpatient treat-  
2 ment program.

3 “(g) FUNDING.—

4 “(1) AMOUNT OF GRANTS.—

5 “(A) MAXIMUM AMOUNT.—The amount of  
6 a grant under this section shall not exceed  
7 \$1,000,000 for any fiscal year.

8 “(B) DETERMINATION.—Subject to sub-  
9 paragraph (A), the Secretary shall determine  
10 the amount of each grant under this section  
11 based on the population of the area to be served  
12 through the grant and an estimate of the num-  
13 ber of patients to be served.

14 “(2) AUTHORIZATION OF APPROPRIATIONS.—  
15 There is authorized to be appropriated to carry out  
16 this section \$22,000,000 for each of fiscal years  
17 2023 through 2027.”.

